



Name of Debtor Shale Synergy II, LLC

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

☒ Signature of Petitioner or Representative (State title)

Samuel S. Aguirre on behalf of Reef Development of Hawaii, Inc. Profit Sharing Plan

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

Samuel S. Aguirre

99-930 Iwena Street, B107

Aiea, HI 96701

☒ Signature of Petitioner or Representative (State title)

Samuel S. Aguirre on behalf of Samuel S. Aguirre Rev. Living Trust

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

Samuel S. Aguirre

99-930 Iwena Street, B107

Aiea, HI 96701

☒ Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

☒ Signature of Attorney

Diamond McCarthy LLP

Name of Attorney Firm (If any)

909 Fannin, Suite 1500, Houston, TX 77010

Address

(713) 333-5100

Telephone No.

☒ Signature of Attorney

Diamond McCarthy LLP

Name of Attorney Firm (If any)

909 Fannin, Suite 1500, Houston, TX 77010

Address

(713) 333-5100

Telephone No.

☒ Signature of Attorney

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Reef Development of Hawaii, Inc. Profit Sharing Plan	unsecured	300,000.00
Samuel S. Aguirre Rev. Living Trust	unsecured	200,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

\_\_\_\_\_ continuation sheets attached

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<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><i>[Signature]</i></p> <p>Signature of Petitioner or Representative (State title) Rob Golanian/on behalf of Jenny Golanian</p> <p>Name of Petitioner _____ Date Signed <u>3/4/10</u></p> <p>Name &amp; Mailing Address of Individual _____ Signing in Representative Capacity _____ Rob Golanian 919 N. Glendale Avenue #12 Glendale, CA 91206</p> </div> <div style="width: 10%; text-align: center;"> <p><u>3/4/10</u></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><i>[Signature]</i></p> <p>Signature of Attorney Diamond McCarthy LLP</p> <p>Name of Attorney Firm (If any) 909 Fannin, Suite 1500, Houston, TX 77010</p> <p>Address (713) 333-5100</p> <p>Telephone No. _____</p> </div> <div style="width: 10%; text-align: center;"> <p><u>3/8/10</u></p> </div> </div>	
<p><input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title)</p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name &amp; Mailing Address of Individual _____ Signing in Representative Capacity _____</p>	<p><input checked="" type="checkbox"/> _____ Signature of Attorney _____ Date _____</p> <p>Name of Attorney Firm (If any) _____</p> <p>Address _____</p> <p>Telephone No. _____</p>	
<p><input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title)</p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name &amp; Mailing Address of Individual _____ Signing in Representative Capacity _____</p>	<p><input checked="" type="checkbox"/> _____ Signature of Attorney _____ Date _____</p> <p>Name of Attorney Firm (If any) _____</p> <p>Address _____</p> <p>Telephone No. _____</p>	
PETITIONING CREDITORS		
Name and Address of Petitioner Jenny Golanian	Nature of Claim unsecured	Amount of Claim 50,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
<b>Note:</b> If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

\_\_\_\_\_ continuation sheets attached

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x [Signature]  
Signature of Petitioner or Representative (State title)  
Michael Hicks on behalf of Michael & Marie Louise Hicks

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing \_\_\_\_\_  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_  
Michael P. Hicks  
1218 Waimanu Street, 2nd Floor  
Honolulu, Hawaii 96814-4304

x [Signature] 3/8/10  
Signature of Attorney \_\_\_\_\_ Date  
Diamond McCarthy LLP

Name of Attorney Firm (If any)  
909 Fannin, Suite 1500, Houston, TX 77010

Address  
(713) 333-5100  
Telephone No.

x [Signature]  
Signature of Petitioner or Representative (State title)

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing \_\_\_\_\_  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

x \_\_\_\_\_  
Signature of Attorney \_\_\_\_\_ Date

Name of Attorney Firm (If any)

Address  
Telephone No.

x \_\_\_\_\_  
Signature of Petitioner or Representative (State title)

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing \_\_\_\_\_  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

x \_\_\_\_\_  
Signature of Attorney \_\_\_\_\_ Date

Name of Attorney Firm (If any)

Address  
Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner Michael & Marie Louise Hicks	Nature of Claim unsecured	Amount of Claim 275,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

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